



UNITED STATES PATENT AND TRADEMARK OFFICE

UNITED STATES DEPARTMENT OF COMMERCE
 United States Patent and Trademark Office
 Address: COMMISSIONER FOR PATENTS
 P.O. Box 1450
 Alexandria, Virginia 22313-1450
www.uspto.gov

BIBDATASHEET

Bib Data Sheet

CONFIRMATION NO. 6911

| | | | | |
|-----------------------------|--|--------------|------------------------|-------------------------------------|
| SERIAL NUMBER 10/613,824 | FILING OR 371(c) DATE 07/03/2003 RULE | CLASS 714 | GROUP ART UNIT 2133 | ATTORNEY DOCKET NO. PD-203009 |
|-----------------------------|--|--------------|------------------------|-------------------------------------|

APPLICANTS

Mustafa Eroz, Germantown, MD;
 Lin-Nan Lee, Potomac, MD;
 Feng-Wen Sun, Germantown, MD;
 Bob Cassagnol, Silver Spring, MD;
 Adam Von Ancken, New Market, MD;

**** CONTINUING DATA *******

This appln claims benefit of 60/393,457 07/03/2002
 and claims benefit of 60/398,760 07/26/2002
 and claims benefit of 60/403,812 08/15/2002
 and claims benefit of 60/421,505 10/25/2002
 and claims benefit of 60/421,999 10/29/2002
 and claims benefit of 60/423,710 11/04/2002
 and claims benefit of 60/440,199 01/15/2003
 and claims benefit of 60/447,641 02/14/2003
 and claims benefit of 60/456,220 03/20/2003

**** FOREIGN APPLICATIONS *******

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 09/29/2003

| | | | | | |
|---------------------------------|--|---------------------------|-------------------------|-----------------------|----------------------------|
| Foreign Priority claimed | <input type="checkbox"/> yes <input type="checkbox"/> no | STATE OR COUNTRY MD | SHEETS DRAWING 16 | TOTAL CLAIMS 22 | INDEPENDENT CLAIMS 3 |
| 35 USC 119 (a-d) conditions met | <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance | | | | |
| Verified and Acknowledged | Examiner's Signature | Initials | | | |

ADDRESS

56569

TITLE

METHOD AND SYSTEM FOR ROUTING IN LOW DENSITY PARITY CHECK (LDPC) DECODERS

| | | |
|--------------------------------|---|---|
| FILING FEE RECEIVED 1086 | FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following: | <input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ |
|--------------------------------|---|---|

Credit